

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040991

FILED VS DEC 8 1960

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Primary Registration District No. 5096 Registrar's No. 141

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Twp.		Length of stay in lb 285 days		c. CITY OR TOWN Pine Tree Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Mr Pleasant Twp.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Eugene Middle Cleveland Last Patrick				4. DATE OF DEATH Month Nov. Day 21 Year 1960			
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/4/84	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and state or country) Strasburg Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Patrick		13b. MOTHER'S MAIDEN NAME Susan Cook		14. NAME OF HUSBAND OR WIFE Clara Patrick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Clara Patrick Strasburg Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral Regurgitation DUE TO (c) Chronic Asthma -						INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 15 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Apr 4, 1960 to Nov 21, 1960 and last saw him alive on Nov 20, 1960		Death occurred at 4:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Charles H. Luter (Degree or title) M.D.		22b. ADDRESS Butler Missouri		22c. DATE SIGNED 11/22/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/23/60		23c. NAME OF CEMETERY OR CREMATORY Strasburg Cemetery		23d. LOCATION (City, town, or county) Strasburg Mo.	
24. FUNERAL DIRECTOR Stanley Funeral Home-Pleasant Hill Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. Nov. 22.60		26. REGISTRAR'S SIGNATURE Rendall K. Perry	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald R. Wiegman

Licensed Embalmer No. 5112

P. O. Address Plasent Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.